

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703685

1. Entity Name

FLORIDA POULTRY FEDERATION, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90030 043 ****61.25

Principal Place of Business

4508 OAK FAIR BLVD
SUITE 290
TAMPA FL 33610

Mailing Address

4508 OAK FAIR BLVD
SUITE 290
TAMPA FL 33610-7368

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1117154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHARLES R.
4508 OAK FAIR BLVD
SUITE 290
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WELSH, BOB	
STREET ADDRESS	210 CENTURY BLVD	
CITY-ST-ZIP	BARTOW FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SALMI, KEITH	
STREET ADDRESS	38777 RECKER HWY	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LINVILLE, TONY	
STREET ADDRESS	4622 GALL BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33539	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGERS, JIM	
STREET ADDRESS	702 42ND STREET NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRIGGERS, GERALD	
STREET ADDRESS	P.O. BOX 1000 N/A	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES R	
STREET ADDRESS	4508 OAK FAIR BLVD., #290	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Anders	
STREET ADDRESS	33642 W. Piccolia Dr.	
CITY-ST-ZIP	Fruitland Park FL 34731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Charles, R.	
STREET ADDRESS	4508 Oak Fair Blvd., #290	
CITY-ST-ZIP	Tampa FL 33610	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-2000

Date

Daytime Phone #

(813) 628-4551

CR2E037 (9/99)